MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

10/537733 FILING DATE APPLICANT(S)

CLAIMS

	ACE	YY Mar	AF	TER	AF	TER	CLAIMS						
	AS FILED		I* AMENDMENT		2 MAMENDMENT			AS FILED		AFTER		AFTER ² MAMENDMENT	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
2							51						
. 3				2			<u> 52</u> 53		 				·
4				0			54						ļ
5		·					55						
7							<u>56</u>						
8				2			57						
9				0			<u>58</u> 59						
10				1			60		-	W Service			
11 12				0			61						
13			·	8		•	62				·		
14				0			63 64						
15				0			65						
16 17				Ø			66						<u></u> _
18				0			67						
19				0			<u>68</u> 69						
20							$\frac{0}{70}$						
2 <u>1</u> 22			· ·	0			71						
23							72						
24							73						
25							75						
26 27							76						
28							77						
29							78 79		· · · · · · · · · · · · · · · · · · ·				
30							80						
31 32							81						· .
33							82						
34							83 84						
35							85						
36 37							86						
38							87 88						
39							89						
40							90						
41 42							91						
43							92						
44				7.00			93						
45						······································	95						
46							96.						
47 48						·	97						
49							98						
50							99 100						
TOTAL IND.		L	2				TOTAL						
TOTAL			-21	_			IND.		▼ [▼		₩
DEP.		-	21	((=	TOTAL DEP.		(+ [(=		4
TOTAL CLAIMS			23				TOTAL CLAIMS						
PTO - 1360	(REV. 11/04)							U. Pa	.S. DEPARTI	MENT of COI	MMERCE		